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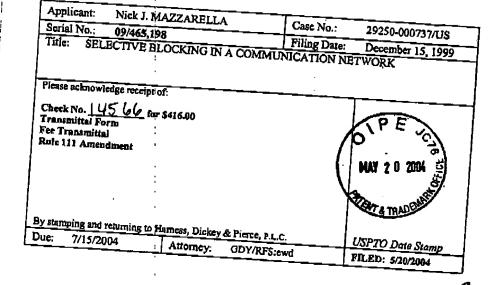
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P.O. Box 8910

Reston, Virginia 20190 Phone: (703) 668-8000 Fax: (703) 668-8200

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To: Exam	iner Appian	From: Ga	ry D.	<i>lacura</i>
Fax: 703 - 8	372-9306	Date: 9/2	9/04	
Phone:	:	Pages: 13	(including co	ver sheet)
Your Ref.: 0	1/465,198	Our Ref.: 29	250 - 00	10737/US
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Urgent	For Review	Please Con	nament	Please Reply
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COMMENTS:	of 5/20/04	Amenda	neul, u	oith
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HDP/SB/21 based on PTO/SB/21 (08-00)

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,		Appli	cation Number	09/465.	198			
TRANSMITTAL								
FORM (to be used for all correspondence after Initial filing)		Filing Date		December 15, 1999				
		First Named Inventor		Nick J. MAZZARELLA				
		Group Art Unit		2686				
			iner Name	James K. Moore				
Total Number of Pages in This Submission	11	Attom	ey Docket Number	29250-0	00737/US			
'	ENCLO	SURES (check all that apply)						
Fee Transmittal Form	Assignment Papers (for an Application)			After Allowance Communication to Group				
☑ Fee Attached	☐ Drawing	☐ Drawing(s)		Appeal Communication to Board of Appeals and Interferences				
Amendment / Response	Ucensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
After Final	Pettion			1 —	fetary Information			
Affidavlts/declaration(s)		Petition to Convert to a Provisional Application		Status Letter				
Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address			Other Enclosure(s) (please identify below):				
Express Abandonment Réquest	☐ Terminal Disclaimer ☐ Request for Refund							
Information Disclosure Statement	CD, Number of CD(s)							
Certified Copy of Priority Document(s)		Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 to Deposit Account No. 08-0750. A duplicate copy of the sheet is enclosed.			ulred under 37 CFR 1.16 or 1.17			
Response to Missing Parts/ Incomplete Application			,					
Response to Missing Parts under 37 CFR 1,52 or 1.53								
SIGNA	TURE OF A	PPLICA	ANT, ATTORNEY, O	R AGENT				
Firm or Individual name Harnass, Dickey & Pierce, P.L.C. Gary D. Yactira Attorney Name Gary D. Yactira 35,416								
Signature \$ 1100 # 35, 254								
Date May 20, 2004								
// // cı	ERTIFICAT	E OF M	AILING/TRANSMISS	ION				
I hereby certify that this correspondence is addressed to: Director of the U.S. Pate transmitted to the U.S. Patent and Tradema	ni wuku irabi	amant (MICE PIL HOW 1/50	l Service as Alexandria,	first class mail in an envelope VA 22313-1450, or facsimile			
Typed or printed name		4010	maicaisu udiow,					
Signature				Date				

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PTO/SB/17 (10-03)

A I for use through 07/31/2006, DMB 0651-0032

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FEE TRANSMITTAL	Complete If Known						
FEE I KANSIVII I AL	Application Number 09/465,198						
for FY 2004	Filing Date December 15, 1999						
	First Named Inventor Nick J. MAZZARELLA						
Effective 10/01/2003. Patent fees are subject to annual revision.	Exam	Examiner Name James K. Moore				-	
Applicant claims small entity status. See 37 CFR 1.27	Art Unit 2686						
TOTAL AMOUNT OF PAYMENT (\$) 416	Attorney Docket No. 29250-000737/US						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None	3. ADDITIONAL FEES						
Order Deposit Account:	Large Emily Small Entity						
Dapoşit	Fee Code	Fée (\$)	Fee Cods	Fee (\$)	Fee D	escription	Fee Paid
Account 08-0750	1051	130	2051	65	Surcharge - lat	e filing fee or cath	
Number	1052	50	2052	25	Surcharge - late or cover sheet.	e provisional filing fee	
Deposit Account Harness, Dickey & Pierce, P.L.C.	1053	130	1053	130	Non-English sp	ecification	
Name	1812	2,520	1812	2,520	For filing a requ	nottanimaxeer rol laeu	
The Director is authorized to: (check all that apply)	1804	920*	1804	920*	Requesting put Examiner action	olication of SIR prior to n	
☐ Charge fee(e) indicated batow: ☒ Credit eny overpayments ☒ Charge any edditional fee(s) during the pendency of this application ☐ Charge fee(s) Indicated below; except for the filling fee	1805	1,840*	1805	1.840*	Requesting put Examiner action	olication of SIR after n	
to the above-identified deposit account.	1251	110	2251	55	Extension for re	sply within first month	
FEE CALCULATION	1252	420	2252	210	Extension for re	eply within second	
1. BASIC, FILING FEE	1253	950	2253	475	Extension for re	ply within third month	
Large Entity Small Entity Fee Fee Fee Fee Description	1254	1,480	2254	740	Extension for remonth	aply within fourth	
Code (\$) Code (\$) Fee Paid	1255	2.010	2255	1,005	Extension for re	pły within fifth month	
1001 770 2001 385 Utility fiting fee	1401	330	2401	168	Notice of Appea	لو	
1002 340 2002 170 Dazign filing fee	1402	330	2402	165	Fläng a brief in	support of an appeal	
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for ora	•	
1004 770 2004 385 Rélssue filling fee 1005 180 2005 80 Provisional filling fee	1451	1.510	1451	1,510	Petrion to Institution proceeding	ute a public use	
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SUBTOTAL (1) (S) D	1463	1.330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2601	665	Utility lasue fee	•	
Extra Fee from Fee	1502 1503	480	2502	240	Design Issue fe	ê	
Claims bélow Paid	1460	640 130	2503 1460	320 130	Plant Issue fee	61 1	
Total Claims 24 -20 = 4 X 18 = 72	1607	50	1807	50	Petitions to the		
Independent 7 -3 ** = 4 X 86 = 344	1806	180	1806	160	Submission of I	under 37 CFR 1.17 (q) nformation Disclosure	
Multiple Dependent X = 0	"	·]		_	Strnt Recording each	petont assignment	$\vdash \vdash \vdash \vdash$
Large Entity Small Entity	6021	40 .	6021	40	per property (tin		
Fee Fee Fee Code (5) Fee Description	1609	770	2809	385	Filing a automiss	ion after finel rejection	
1202 18 2202 9 Cerims in excess of 20 1201 85 2201 43 Independent claims in excess of 3	1810	770	2810	385	(37 CFR § 1.129(a)) 85 For each additional invention to be examined (37 CFR § 1.129(b))		
1203 290 2203 145 Multiple dependent claim, If not paid	1801	770	2801	385 F		ued Examination (RCE)	├ ─┤
1204 86 2204 43 "Relssue Independent claims over original patent	1902	900	1802		Request for exped	• •	├ ─┤
1205 18 2205 9 "Relissue claims in excess of 20 and over original patent		-			of a design applic		
	Other fee (specify)						
SUBTOTAL (2) (5) 418							<u>-</u>
"or number previously paid, if greater, For Relasues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (8) (S) 0						
SUBMITTED BY Complete (# epolicable)							
Name (Print/Type) Gery D. Yacure (Print/Type)	11	35,4	16	,	Telephone	703/868-8000	
Signature Q		75	nav	_	Date	May 20, 2004	
MACAUNCH beed year of his		1//	V				

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